

Working well together

STATE OF DELAWARE

THE BENEFITS OF PARTNERSHIP

2016–2017

Effective July 1, 2016



Working well together STATE OF DELAWARE



Timothy J. Constantine
President

Dear State of Delaware Employees and Pensioners:

Choosing health coverage is one of the most important decisions you make each year. Highmark Blue Cross Blue Shield Delaware is pleased to partner with the State of Delaware to offer you the quality coverage you need, the service you want and the peace of mind that comes from knowing your coverage is backed by one of the nation's largest health insurers.

Highmark Delaware offers you:

- Dependable, comprehensive benefits
- A wide selection of highly qualified doctors, hospitals and other providers
- Important preventive care services covered at 100 percent
- Virtual medicine care options
- Health and wellness tools and programs to help you stay well, get well or manage a health condition
- Online tools to help you manage your health care coverage and care costs
- Blues On Call health coaches to help you with your health and wellness goals
- Dedicated Customer Service support

Our goal is to provide you with the highest quality health care coverage and an exceptional member experience. The information that follows lets you know about your Blue Plan options and the value-added services you receive as a Highmark Delaware member. It will help you with choosing the plan that's right for you.

If you have any questions about your plan options, our Customer Service Representatives are here to help, Monday through Friday, from 8 a.m. to 7 p.m. Just call our toll-free number: 1-800-633-2563.

Sincerely,

A handwritten signature in black ink that reads "Timothy J. Constantine".

Timothy J. Constantine
President

AS A HIGHMARK DELAWARE MEMBER, YOU ENJOY TOP-QUALITY HEALTH CARE COVERAGE.

The benefits charts on the following pages briefly highlight your available plan options. For more detailed plan descriptions, log in to <http://ben.omb.delaware.gov/medical/index.shtml> or call **Customer Service** at 1-800-633-2563.

Remember, to get the best value, always use in-network providers. And be sure to take advantage of your covered preventive care services. Preventive care can help you stay healthy and stay on top of your care. It also may help you avoid illness and more costly care in the future.



PLEASE NOTE:

Starting June 15, 2016, your Customer Service number is 1-844-459-6452.



FIRST STATE BASIC PPO 90/70 PLAN

This summary of benefits is intended to briefly highlight the health plans available.
All percentages listed refer to Highmark Delaware's allowable charges.

DESCRIPTION OF BENEFIT	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Deductibles—Plan Year	\$500 Individual, \$1,000 Family	\$1,000 Individual, \$2,000 Family
Total Maximum Out-of-Pocket Expenses (TMOOP) Plan Year (includes deductibles, copays and coinsurance)	\$2,000 Individual, \$4,000 Family	\$4,000 Individual, \$8,000 Family
Inpatient Room and Board	90% covered ^{1,3*}	70% covered ^{2,4*}
Inpatient Physician and Surgeon		
Outpatient Surgery		
Bariatric Surgery	See footnote ^{3,4}	See footnote ^{3,4}
Hospice	90% covered for up to 365 days ^{1*}	70% covered for up to 365 days ^{2*}
Home Care Services	90% covered 240 visits per plan year ^{1*}	70% covered 240 visits per plan year ^{2*}
Emergency Services	90% covered ^{1,3}	90% covered ^{1,3}
Urgent Care Services	\$25 copay	\$25 copay
MENTAL HEALTH CARE/ SUBSTANCE ABUSE TREATMENT		
Inpatient Hospital Care and Partial/ Intensive Outpatient Care	90% covered ^{1*}	70% covered ^{2*}
Outpatient Care	90% covered ¹	70% covered ²
OTHER SERVICES		
Durable Medical Equipment	90% covered ¹	70% covered ²
Skilled Nursing Facility	90% covered 120-day limit (renewable after 180 days) ^{1*}	70% covered 120-day limit (renewable after 180 days) ^{2*}
Emergency Ambulance	90% covered ¹	70% covered ²
Physician Home/ Office Visits (sick)		
Specialist Care		
Allergy Testing and Allergy Treatment		
Lab*** and X-Ray		
MRIs, MRAs, CTs, CTAs PET Scans and Imaging Studies	90% covered (Prior auth. required) ^{1*}	70% covered (Prior auth. required) ²
Short-Term Therapies: Physical, Speech, Occupational	90% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity) ¹	70% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)
Annual PAP Smear and Gyn Exam	100% covered	70% covered ⁶
Periodic Physical Exams, Immunizations		
Mammograms		
Hearing Tests	100% covered	70% covered
Hearing Aids	90% covered up to the age of 24 ¹	70% covered up to the age of 24 ²
Chiropractic	90% covered /30 visits per plan year ¹	75% covered /30 visits per plan year ²
All Infertility Services	75% covered /\$10,000 lifetime max ^{1,5*}	55% covered /\$10,000 lifetime max ^{2,5*}

Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.

¹ In-network benefits are subject to a plan year deductible of \$500 per person (\$1,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$2,000 per person (\$4,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

² Out-of-network benefits are subject to a plan year deductible of \$1,000 per person (\$2,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$4,000 per person (\$8,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

³ Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating, but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

⁴ Facility charges and professional services for bariatric surgery performed at a non-participating facility are covered under the out-of-network benefit. All charges and services are subject to a 45% coinsurance. Members must meet eligibility criteria regardless of place of service, which does not accumulate toward any total maximum out-of-pocket limit. Members must meet eligibility criteria regardless of place of service.

⁵ Coinsurance does not apply toward the total maximum out-of-pocket expense limit on infertility services.

⁶ Not subject to deductible.

* Prior authorization or precertification is required. The list of applicable services is subject to change.

** Cost-sharing is the responsibility of the member for any deductible or coinsurance.

*** To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

COMPREHENSIVE PPO PLAN

This summary of benefits is intended to briefly highlight the health plans available.
All percentages listed refer to Highmark Delaware's allowable charges.

DESCRIPTION OF BENEFIT	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Deductibles—Plan Year	None	\$300 Individual, \$600 Family
Total Maximum Out-of-Pocket Expense Limit Plan Year (includes copays and coinsurance)	\$4,500 Individual, \$9,000 Family	\$7,500 Individual, \$15,000 Family
Inpatient Room and Board	\$100 copay per day for first 2 days of admission then covered at 100%*	80% covered ^{1,3*}
Inpatient Physician and Surgeon Services	100% covered ²	
Outpatient Surgery	Ambulatory Center: \$50 copay ⁵ /Outpatient Dept. Hosp.: \$100 copay ⁵	80% covered ^{3,4}
Bariatric Surgery	See footnote ²	See footnote ^{1,3}
Hospice	100% covered for up to 365 days*	80% covered for up to 365 days ^{1*}
Home Care Services	100% covered for up to 240 visits per plan year*	80% covered for up to 240 visits per plan year ^{1*}
Emergency Services	Facility: \$150 copay, waived if admitted	Facility: \$150 copay, waived if admitted
Urgent Care Services	\$20 copay	80% covered ¹
MENTAL HEALTH CARE/ SUBSTANCE ABUSE TREATMENT		
Inpatient Hospital Care and Partial/ Intensive Outpatient Care	\$100 copay per day for the first 2 days per admission then covered at 100%*	80% covered ^{1*}
Outpatient Care	\$20 copay per visit	80% covered ¹
OTHER SERVICES		
Durable Medical Equipment	100% covered	80% covered ¹
Skilled Nursing Facility	100% covered for up to 120 days, renewable after 180 days without care*	80% covered for up to 120 days, renewable after 180 days without care ^{1*}
Emergency Ambulance	100% covered	100% covered
Physician Home/ Office Visits (sick)	\$20 copay	80% covered ¹
Specialist Care	\$30 copay	
Allergy Testing and Allergy Treatment	Testing: \$30 copay per visit Treatment: \$5 copay per visit	
Lab*** and X-Ray	Lab: \$10 copay per visit X-Ray: \$20 copay per visit	80% covered
MRIs, MRAs, CTs, CTAs and PET Scans	100% if done at a independent freestanding facility \$35 copay per visit at hospital-owned facilities	
Short-Term Therapies: Physical, Speech, Occupational	85% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)	80% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity) ¹
Annual Pap Smear and Gyn Exam	100% covered	80% covered ¹
Periodic Physical Exams, Immunizations	100% covered	
Mammograms	100% covered	80% covered ¹
Hearing Tests	100% covered	
Hearing Aids	100% covered up to the age of 24	80% covered up to the age of 24 ¹
Chiropractic	85% covered/30 visits per plan year	80% covered/30 visits per plan year ¹
All Infertility Services	75% covered/\$10,000 lifetime max ^{4*}	55% covered/\$10,000 lifetime max ^{1,4*}

Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.

¹ Out-of-network benefits are subject to a plan year deductible of \$300 per person (\$600 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$7,500 per person (\$15,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

² Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating, but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

³ Facility charges and professional services for bariatric surgery performed at a non-participating facility are covered under the out-of-network benefit. All charges and services are subject to a 45% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

⁴ Coinsurance does not apply toward the total maximum out-of-pocket expense limit on infertility services.

⁵ Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery* (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any the total maximum out-of-pocket expense limit. Bariatric surgery performed at non-participating facilities is not covered. Members must meet eligibility criteria regardless of place of service.

* Prior authorization or precertification is required. The list of applicable services is subject to change.

** Cost-sharing is the responsibility of the member for any deductible or coinsurance.

*** To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

CDH GOLD PLAN—WITH STATE-FUNDED HRA FUND

This summary of benefits is intended to briefly highlight the health plans available.

All percentages listed refer to Highmark Delaware's allowable charges. Please see CDH Gold Brochure for additional details, including information on new benefits for women.

DESCRIPTION OF BENEFIT	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Deductibles—Plan Year	\$1,500 Individual, \$3,000 Family (In-network and out-of-network deductibles accumulate together)	\$1,500 Individual, \$3,000 Family
Total Maximum Out-of-Pocket Expenses (TMOOP) Plan Year (includes deductibles and coinsurance)	\$4,500 Individual, \$9,000 Family (In-network and out-of-network amounts accumulate together)	\$7,500 Individual, \$15,000 Family
Inpatient Room and Board	90% covered ^{1,3*}	70% covered ^{2,4*}
Inpatient Physician and Surgeon		
Outpatient Surgery		
Bariatric Surgery	See footnote ^{1,3}	See footnote ^{2,4}
Hospice	90% covered for up to 365 days ^{1*}	70% covered for up to 365 days ^{2*}
Home Care Services	90% covered 240 visits per plan year ^{1*}	70% covered 240 visits per plan year ^{2*}
Emergency Services	90% covered ¹	90% covered ¹
Urgent Care Services		70% covered ²
MENTAL HEALTH CARE/ SUBSTANCE ABUSE TREATMENT		
Inpatient Hospital Care and Partial/ Intensive Outpatient Care	90% covered ^{1*}	70% covered ^{2*}
Outpatient Care		
OTHER SERVICES		
Durable Medical Equipment	90% covered ¹	70% covered ²
Skilled Nursing Facility (120-day limit renewable after 180 days without care; <i>precertification required</i>)		
Emergency Ambulance		
Physician Home/ Office Visits (sick)		
Specialist Care		
Allergy Testing and Allergy Treatment		
Lab*** and X-Ray		
MRIs, MRAs, CTs, CTAs PET Scans and Imaging Studies	90% covered (Prior auth. required) ^{1*}	70% covered (Prior auth. required) ^{2*}
Short-Term Therapies: Physical, Speech, Occupational	90% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity) ¹	70% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity) ²
Annual Pap Smear and Gyn Exam	100% covered	70% covered ⁵
Periodic Physical Exams, Immunizations		
Mammograms		
Hearing Tests	100% covered	70% covered ²
Hearing Aids	90% covered up to the age of 24 ¹	70% covered up to the age of 24 ²
Chiropractic	90% covered/30 visits per plan year ¹	75% covered/30 visits per plan year ¹
All Infertility Services	75% covered/\$10,000 lifetime max ^{1*}	55% covered/\$10,000 lifetime max ^{2*}

Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.

¹ In-network benefits are subject to a plan year deductible of \$1,500 per person (\$3,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$4,500 per person (\$9,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

² Out-of-network benefits are subject to a plan year deductible of \$1,500 per person (\$3,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$7,500 per person (\$15,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

³ Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery[®] (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance. Members must meet eligibility criteria regardless of place of service.

⁴ Facility charges and professional services for bariatric surgery performed at a non-participating facility are covered under the out-of-network benefit. All charges and services are subject to a 45% coinsurance. Members must meet eligibility criteria regardless of place of service.

⁵ Not subject to deductible.

* Prior authorization or precertification is required. The list of applicable services is subject to change.

** Cost sharing is the responsibility of the member for any deductible or coinsurance.

*** To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

IPA/HMO PLAN

This summary of benefits is intended to briefly highlight the health plans available.

All percentages listed refer to Highmark Delaware's allowable charges.

Be sure to get care through your network Primary Care Physician (PCP) to ensure you're covered for eligible care services.

DESCRIPTION OF BENEFIT	
Deductibles—Plan Year	None
Total Maximum Out-of-Pocket Expenses (TMOOP) Plan Year (includes copays and coinsurance)	\$4,500 Individual, \$9,000 Family
Inpatient Room and Board	\$100 copay per day for first 2 days of admission*
Inpatient Physician and Surgeon Services	100% ¹
Outpatient Surgery	Ambulatory Center: \$50 copay ¹ / Outpatient Dept. Hosp.: \$100 copay ¹
Bariatric Surgery	See footnote ¹
Hospice	100% covered for up to 365 days*
Home Care Services	100% covered*
Emergency Services	Facility: \$150 copay, waived if admitted
Urgent Care Services	\$15 copay
MENTAL HEALTH CARE/ SUBSTANCE ABUSE TREATMENT	
Inpatient Hospital Care and Partial Intensive Outpatient Care	\$100 copay per day for the first 2 days per admission*
Outpatient Care	\$15 copay per visit
OTHER SERVICES	
Durable Medical Equipment	80%
Skilled Nursing Facility	100% for up to 120 days, benefits renewable after 180 days without care
Emergency Ambulance	\$50 copay
Physician Home/ Office Visits (Sick)	\$15 copay per office visit / \$25 copay per home visit
Specialist Care	\$25 copay per visit
Allergy Testing and Allergy Treatment	Testing: \$25 copay per visit / Treatment: \$5 copay per visit
Lab*** and X-Ray	Lab: \$10 copay per visit / X-Ray: \$20 copay per visit
MRIs, MRAs, CTs, CTAs and PET Scans	100% if done at an independent freestanding facility \$35 copay at hospital owned facilities
Short-Term Therapies: Physical, Speech, Occupational	Physical Therapy: 80% for 45 visits per condition Speech and Occupational Therapies: 80% for 60 consecutive days
Annual Gyn Exam and Pap Smear	100% covered
Periodic Physical Exams, Immunizations	100% covered
Mammograms	100% covered
Hearing Tests	100% after office visit copay
Hearing Aids	80% covered up to the age of 24
Chiropractic	20% coinsurance for 60 consecutive days per acute condition
All Infertility Services	75% covered ² / \$10,000 lifetime maximum*

Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.

¹ Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery* (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any of the total maximum out-of-pocket expense limit. Bariatric surgery performed at non-participating facilities is not covered. Members must meet eligibility criteria regardless of place of service.

² Coinsurance does not apply toward the total maximum out-of-pocket expense limit on fertility services.

* Prior authorization or precertification is required. The list of applicable services is subject to change.

** Cost sharing is the responsibility of the member for any copays or coinsurance.

*** To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

Preauthorization Requirements for Other Services

You no longer need a referral to see a specialist. However, for certain services, your provider needs to get authorization from us before performing the service. In addition to inpatient care, certain other services require preauthorization by Highmark Delaware. These services include:

- Certain outpatient hospital surgical procedures, including hysterectomy and laminectomy (lower back surgery);
- Bariatric surgery;
- Advanced radiology (Some examples include: CAT and PET scans, MRIs and MRAs);
- Assisted reproductive technologies;
- Certain durable medical equipment and certain home health services.

Your PCP or any other network specialist you use is responsible for obtaining preauthorization before performing any service that requires it. A complete list of services that need preauthorization can be found at highmarkbcbdsde.com.

INFORMATION ABOUT MEDICARE: PARTS A, B AND D

PART A HOSPITAL INSURANCE

Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits.

PART B MEDICAL INSURANCE

Most people pay a monthly premium for Part B as determined by the Social Security Administration. Medicare Part B (Medical Insurance) helps cover doctor's services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. As a State of Delaware pensioner, spouse, or dependent, you are required to enroll in Medicare Part B, when eligible, based on age or disability.

PART D PRESCRIPTION DRUG COVERAGE

Medicare-eligible retirees and Medicare-eligible dependents of retirees who wish to receive prescription drug benefits through the GHIP will be offered the opportunity to participate in the only prescription drug plan available through the GHIP for Medicare-eligible retirees – the employer-sponsored enhanced Medicare Part D Prescription Drug Plan called the Express Scripts Medicare (PDP) for the State of Delaware. Coverage through another Medicare Part D prescription drug plan is not allowed if you wish to retain your coverage through the Express Scripts Medicare PDP for the State of Delaware. If you enroll in a Medicare prescription drug plan, other than the Express Scripts Medicare PDP for the State of Delaware, prescription drug coverage through the State of Delaware for you and your eligible dependents will terminate.



SUMMARY OF BENEFITS MEDICARE SUPPLEMENT PLAN: PART B

SPECIAL MEDICFILL (ADMINISTERED BY HIGHMARK DELAWARE)

State of Delaware Pensioners, spouses and dependents who are enrolled in Medicare Part A and Part B for primary medical coverage and also eligible for or enrolled in the Highmark Delaware Special Medicfill Medicare Supplement plan, **DO NOT make changes in Special Medicfill coverage until a separate Open Enrollment period available in October 2016 for calendar year 2017.** This plan supplements Medicare. Unless otherwise indicated on the Benefit Highlights pages included in this booklet, benefits will be paid as noted only after Medicare pays its full amount.

The following chart provides a Summary of Benefits for the Highmark Delaware Special Medicfill Medicare Supplement plan offered through the State of Delaware Group Health Insurance Program for Medicare participants. This Summary of Benefits is intended as a highlight of the Special Medicfill Medicare Supplement plan available. A Summary Plan Booklet is available to view online at delawarepensions.com.

DESCRIPTION OF BENEFIT	MEDICARE	SPECIAL MEDICFILL
Inpatient Hospital Days 1 thru 60	Pays all but the Part A deductible for each benefit period	Covers the Part A deductible
Inpatient Hospital Days 61 thru 90	Pays all but a specified dollar amount of coinsurance per day for each benefit period	Covers the specified dollar amount of coinsurance
Inpatient Hospital Days 91 thru 120	Pays nothing*	Covers care in a general hospital (except mental & nervous). These days may be used before Medicare's 60 lifetime reserve days. If lifetime reserve days are used, the Plan covers.
Inpatient Hospital Days 121 thru 365		
Hospice	Pays all for hospice care. Pays 95% of the Medicare-approved amount for up to 5 days of inpatient respite care. You must receive care from a Medicare certified hospice.	Covers 5% coinsurance for up to 5 days of inpatient respite care
Emergency Services	Pays all but a specified copayment for the hospital emergency room visit. Pays 80% of the Medicare-approved amount for the doctor's services, and the Part B deductible applies. Costs may be different if admitted to the hospital	Covers specified copayment for emergency room visit. Covers Part B deductible and 20% of the Medicare-approved amount for doctor's services
Prosthetics and Durable Medical Equipment	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers Part B deductible and 20% of the Medicare-approved amount
Physician Home and Office Visits		
Specialist Care / Chiropractic Care	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible for specialist care and chiropractic manipulations. Pays nothing for any other services or tests ordered by a chiropractor	Covers Part B deductible and 20% of the Medicare-approved amount for specialist care and chiropractic manipulations. Covers nothing for any other services or tests ordered by a chiropractor
Emergency Ambulance	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers Part B deductible and 20% of the Medicare-approved amount
X-Ray, Lab and Other Diagnostic Services, Radiation Therapy	Generally pays 80% of the Medicare-approved amount after the Medicare Part B deductible. Pays all for certain blood tests, urinalysis and some screening tests	Covers Part B deductible and 20% of the Medicare-approved amount. Covers nothing for services for which Medicare pays all
Outpatient Rehabilitation Services, Occupational Therapy, Physical Therapy, Speech Therapy	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers Part B deductible and 20% of the Medicare-approved amount
Routine Gyn Exam, Pap Smear, Mammogram	Pays all for the lab Pap test, Pap test specimen collection, pelvic exam or the mammogram if the provider accepts assignment. Pap tests and pelvic exams generally covered once every 24 months. Screening mammograms covered once every 12 months for women age 40 and older, plus one baseline mammogram covered for women between 35–39.	When covered by Medicare, this Plan covers nothing. When Pap smear is not covered by Medicare, covers 100% of the Medicare-approved amount for a Pap smear every 12 months
Prostate Cancer Screening Exams (age 50 and over)	Pays all for the PSA test. For the digital rectal exam, pays 80% of the Medicare-approved amount after the Part B deductible. PSA and digital rectal exam covered once every 12 months	Covers nothing for PSA test. For digital rectal exam, covers Part B deductible and 20% of the Medicare-approved amount
Periodic Physical Exams	Pays all for the "Welcome to Medicare" preventive visit or the "Yearly Wellness Visit," if the provider accepts assignment. Yearly Wellness Visit covered once every 12 months .	Covers nothing for "Welcome to Medicare" preventive visit or "Yearly Wellness Visit"
Flu and Pneumonia Vaccines	Pays all if the provider accepts assignment Pneumonia —generally covered once per lifetime Flu —covered once per flu season	Covers nothing for flu and pneumonia vaccines
Routine Vision Exams	Not Covered	Not covered; however, discounts are available through your eyewear discount program administered by Davis Vision

*Medicare's 60 Lifetime Reserve Days may be used only once; they are not renewable.

VIRTUAL MEDICINE

JUST CLICK FOR CARE THAT'S QUICK

Now you can get quick care for minor illnesses, behavioral health issues, and skin and nail problems — without leaving your home, office or hotel.



If you have any questions, call
Member Service at 800-633-2563.

Starting June 15, 2016
call 1-844-459-6452.

GET STARTED TODAY!

And you will be ready when you need it. Just register online or download the app.

MOST VIRTUAL VISITS ARE COVERED IN THE SAME WAY AS THEY WOULD BE IF YOU RECEIVED IN-PERSON CARE.*

Minor Illnesses	You have 24/7 access to U.S. board-certified doctors for minor illnesses.
Behavioral Health	Virtual Behavioral Health is available for reliable and convenient scheduled therapy visits with behavioral health providers. Note: Virtual Diet & Nutrition and Pregnancy & Newborn (Lactation Consulting) services are not eligible. You will be responsible for the full cost of these services.
Skin, Hair and Nail Issues	Have a rash, mole or other skin, hair or nail issue you're concerned about? Don't want to wait for a dermatologist appointment? With DermatologistOnCall, you can take pictures of your symptoms and send these pictures to a consulting dermatologist through a secure website.


doctorondemand.com


amwell.com


dermatologistoncall.com

*All benefits under your health plan are subject to the terms of the benefit agreement and applicable state law. Cost sharing may vary.

ADDITIONAL MEMBER BENEFITS

In addition to reliable health care coverage, you benefit from a number of important extras.



ENJOY PEACE OF MIND

THE AWAY FROM HOME CARE PROGRAM

The Away from Home Care Program (or guest membership) gives IPA/HMO members and covered dependents who are away from home for at least 90 days access to a participating host HMO in many states and the District of Columbia.

This program offers you peace of mind if you have:

- A child attending school out of state
- Family members living in different service areas
- A long-term work assignment in another state
- A dual residence as a retiree

To learn more about the program, call Customer Service at 1-800-633-2563.

BLUECARD® PROGRAM: NATIONAL AND WORLDWIDE CARE

The BlueCard Program our members access to doctors and hospitals almost everywhere. That's because the Cross and Shield on your member ID card are recognized throughout the country and around the world. When you have a Blue plan, you have access to 96 percent of the hospitals and 92 percent of the doctors nationwide.

To find doctors and hospitals outside Delaware, just call toll-free 1-800-810-BLUE (2583). Or log in to the Blue Cross and Blue Shield Association website at bcbsa.com.

BLUES ON CALLSM HEALTH COACHES HAVE THE ANSWERS

IMAGINE THESE SITUATIONS:

- You've tried to lose weight, quit tobacco, or manage stress—and failed. How can you succeed this time?
- You've been newly diagnosed with diabetes, heart disease or asthma. What do you need to know and do to manage your condition properly?
- Your doctor told you that your cholesterol numbers aren't healthy. What exactly do the numbers mean? What can you do to make them healthy?
- You've been having back pain for a long time. Do you really need an operation?
- Your family has a history of heart disease. What can you do to protect yourself?
- Your soccer player injured her ankle, and it's really painful. Should she go to the emergency room?
- Your health is good. How can you keep it that way?

Our licensed professional Health Coaches can help you answer your health questions and guide you to solutions for your health problems. A Health Coach provides information and support – at no cost to you. Health Coaches are specially trained to answer your questions and support you in making informed health decisions.

A HEALTH COACH MAY CALL YOU

If you have a health condition, a Health Coach may call to offer you resources that can help you manage it better. We encourage you to talk about these with your Health Coach.

IT'S CONFIDENTIAL AND VOLUNTARY

All information shared during your phone conversations with a Health Coach will remain confidential and will not be shared with your employer, your manager or other employees. There is no obligation to participate in the programs offered. If you do not want to participate in coaching conversations, simply tell the Health Coach and no further attempt will be made to contact you.

MAKE THE CALL

Get the answers you need. Call a Health Coach at 1-888-BLUE-428 (1-888-258-3428) for assistance.



Looking for a physician, specialist, hospital, lab or other care facility near you? Look no further than your Highmark Delaware member website where you can "Find a Doctor."

You can also track and manage all of your personal health information, including EOBs (Explanation of Benefits) and EOPs (Explanation of Payments), online at your Highmark Delaware member website.

MEDICAL AID UNITS

For non-emergency care, you can save both time and money by going to a Medical Aid Unit (or Urgent Care Center) instead of a hospital emergency room.



MEDICAL AID UNITS

Medical Aid Units (MAUs) are Urgent Care Facilities that treat injuries or illnesses that are not life-threatening, but require care within a few hours or the same day. With an MAU, you don't need an appointment, and you may avoid the longer waits you might find at a busy Emergency Department (ED).

MAUs are staffed by medical professionals, who may include physicians, nurse practitioners and physicians' assistants. Many offer on-site diagnostic equipment, including X-ray and laboratory services, and are generally open at times when your doctor's office may be closed.

MAU services are covered by your health benefits plan. The cost to you (your copay) is lower if you seek care from a MAU or Urgent Care Center, instead of an ED. In addition, to see the most up-to-date list of MAUs and their locations, visit highmarkbcbsde.com, click on **Find Doctor, Lab, Hospital** and choose **Urgent Care Center** from the **Health Facilities or Ancillary Provider** dropdown menu.

EXAMPLES OF EMERGENCY CARE ARE:

- Chest pains or pressure
- Stroke
- Severe bleeding
- Moderate/severe burns
- Difficulty breathing
- Poisoning
- Sudden severe pain
- Major injuries, such as broken bones
- Sudden facial drooping or weakness in an arm or leg

EXAMPLES OF NON-EMERGENCY CARE ARE:

- Minor lacerations requiring stitches
- Joint sprains
- Cuts and minor burns
- Headaches
- Muscle, joint and back pain
- Mild asthma attacks
- Fevers and flu
- Allergies
- Coughs and colds
- Routine infections, such as ear, throat, sinus and bladder infections

MAU LOCATIONS

MAU schedules and locations are subject to change without notice. For a current listing of Medical Aid Units in your area, please visit highmarkbcbsde.com or call Customer Service at 1-800-633-2563.

NEW CASTLE COUNTY

- Concentra Immediate Care
- Glasgow Medical Aid Unit
- Go-Care at Abbey Medical
- Limestone Medical Aid Unit
- MedExpress, Inc. - Delaware
- Middletown Medical Aid Unit
- Nurse Managed Health Center at the University of Delaware
- Omega Urgent Care
- Silverside Medical Aid Unit
- The Medical Aid Unit at Christiana

KENT COUNTY

- Doc In a Box Walk-In Medical Care
- Eden Hill Express Care
- Medical Aid Unit at Smyrna

SUSSEX COUNTY

- Ambient Medical Care
- Beebe Health Care Center Walk-In Care at Kmart
- Bayhealth Walk-In Medical Care

GET YOUR CARE AT THE RIGHT PLACE



SAVE TIME AND MONEY — KNOW YOUR CARE OPTIONS

When you are sick or injured, the last thing you want to do is wonder where to go for care. Understanding your options now will make decisions easier when you need care. Here are some ways to take charge of your health and save time and money, too.

CHOOSE NETWORK PROVIDERS

Network providers are doctors, hospitals and other health care providers that have an agreement with your health plan. You have the highest level of coverage and pay the least when you go to a network provider. If you are treated by an out-of-network provider, you are responsible for a larger share of the costs. You may also need to pay any difference between the amount your plan pays and the provider's charge for the service and you may have to file your own claims.

START WITH YOUR DOCTOR

Your primary care doctor is the best place to start when you're sick or hurt. This doctor knows your health history and can help you make informed choices. Emergency rooms are the best place for treating severe and life-threatening conditions.

If you get sick or hurt when your doctor's office is closed and you're not faced with an emergency, you have several options.

CONSIDER URGENT CARE CENTERS/ RETAIL CLINICS/ VIRTUAL MEDICINE

These options offer you quality care, and could save you time and money. In fact, you could pay up to three times less for the same care you would get in an emergency room!

• Urgent Care Centers

Urgent Care Centers provide the same types of services as your family doctor. This includes treatment for common medical problems like the flu, colds, earaches, sore throat, infections and sprains. These centers are usually open every day and offer extended hours.

• Retail Clinics

Retail clinics provide basic health care services. They're usually in drug stores and open every day. Retail clinics are staffed by certified registered nurse practitioners who treat common health problems, such as colds, flu or rashes.

• Virtual Medicine

With online technology, you can get care for minor illnesses, behavioral health or dermatology-related issues without leaving home.



PLEASE NOTE:

Starting June 15, 2016, your Customer Service number is 1-844-459-6452.

USE IMAGING CENTERS

X-rays, CT scans, MRIs and other imaging tests can cost 30 percent more at hospitals than at free-standing imaging centers. The next time your doctor orders an imaging or radiology test, consider going to an X-ray/imaging center instead. You may save time and money.

USE INDEPENDENT LABS

You enjoy the same kind of savings by going to independent labs rather than hospitals. And since labs are dedicated to providing tests that measure blood cell count, glucose and cholesterol levels, and thyroid functions, you may get more efficient service.

SEND TEST RESULTS TO ALL YOUR CARE PROVIDERS

Make sure your medical test results are shared with all appropriate care providers. This helps to avoid the additional costs of duplicate tests and procedures, and keeps your health care providers informed.

COMPARE CARE COSTS

Look up typical medical expenses for care procedures and compare costs at network facilities and hospitals on your member website. Register at highmarkbcbsde.com. Then click on Care Cost Estimator.

SAVE TIME AND MONEY

Where you get care makes a difference:

- If your doctor isn't available:
 - Use an urgent care center or retail clinic instead of an ER for non-emergencies
 - Take advantage of Virtual Medicine options
- Get an X-ray, MRI, CT scan and other imaging services at a independent free-standing center instead of a hospital affiliated provider
- Use an independent lab instead of a hospital for blood tests



NEED HELP FINDING PROVIDERS?

If you do not have a doctor or want to find an urgent care center or retail clinic, we can help.

By Phone — Call Customer Service at 1-800-633-2563.

Online — Log in to your member website at highmarkbcbsde.com and select the **Find a Doctor** tab.

CUSTOMER SERVICE

Where and when you need it!

HAVE A QUESTION ABOUT YOUR HEALTH COVERAGE BENEFITS?

Answers are just a phone call away at **1-800-633-2563**. Speak directly with a Customer Service Representative during weekday business hours (8 a.m.–7 p.m.). Your representative can address any health coverage question you may have, including how to file an appeal.

If you prefer, you can also get one-on-one personal service. A Customer Service Representative routinely makes visits to several locations in northern and southern Delaware to answer questions you may have.

A schedule of times and locations is listed on the next page. Updated schedules can also be found by visiting **highmarkbcbsde.com** or by calling Customer Service.

You can also write to us at: Customer Service, Highmark Delaware, P.O. Box 1991, Wilmington, DE 19899-1991.

Please note: Claim form submissions and payments can be made via a secure drop box in the main lobby at our 800 Delaware Avenue office in the city of Wilmington.



2016 ROAMING CUSTOMER SERVICE SCHEDULE

NEW CASTLE COUNTY

NEWARK SENIOR CENTER

200 Whitechapel Dr.
Newark, DE 19713-3811
302-737-2336

Tuesdays: 9 a.m.–noon

January 5	July 5
February 16	August 30
March 29	September 13
April 12	October 25
May 10	November 22
June 21	December 20

Thursdays: noon–3 p.m.

January 21	August 18
February 18	September 29
March 31	October 13
May 26	November 10
June 9	December 8
July 21	

CLAYMORE SENIOR CENTER

504 S. Clayton St.
Wilmington, DE 19805-4211
302-428-3170

Tuesdays: 9 a.m.–noon

January 12	August 23
February 23	September 20
March 22	October 4
April 5	November 1
May 31	November 29
June 14	December 13
July 12	

Thursdays: noon–3 p.m.

January 28	August 11
February 11	September 8
March 10	October 20
April 21	December 29
May 19	
June 30	
July 28	

KENT COUNTY

MAMIE WARREN SENIOR CENTER

1775 Wheatleys Pond Rd.
Smyrna, DE 19977-3812
302-653-4078

First Wednesday of the Month: 9:30 a.m.–noon

MODERN MATURITY CENTER

1121 Forest Ave.
Dover, DE 19904-3308
302-734-1200

Thursdays: 9 a.m.–2 p.m.

January 7, 14	July 7, 14
February 4, 25	August 4, 25
March 3, 17, 24	September 1, 15, 22
April 7, 14, 28	October 6, 27
May 5, 12	November 3, 17
June 2, 16, 23	December 8

HARRINGTON SENIOR CENTER

102 Fleming St.
Harrington, DE 19952-1145
302-398-4224

Tuesdays: 10 a.m.–noon

January 19	July 19
February 2	August 2, 16
March 1, 15	September 6
April 19	October 18
May 3, 17	November 15
June 7	December 1, 15, 22

SUSSEX COUNTY

MILFORD SENIOR CENTER

111 Park Ave.
Milford, DE 19963-1443
302-422-3385

Tuesdays: 9 a.m.–11 a.m.

January 26	July 26
February 9	August 9
March 8	September 27
April 26	October 11
May 24	November 8
June 28	December 27

LEWES SENIOR CENTER

32083 Janice Road
Lewes, DE 19958
302-645-9293

Fourth Friday of the Month: 10 a.m.–noon

SEAFORD/NANTICOKE SENIOR CENTER

1001 W. Locust St.
Seaford, DE 19973-2124
302-629-4939

Third Friday of the Month: 10 a.m.–noon

* Please note that dates are subject to change. Please call Customer Service to verify.

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